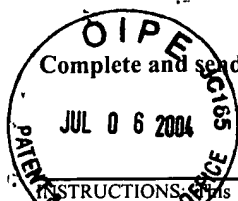


7-09-04

#

PART B - FEE(S) TRANSMITTAL



Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated on this form. Corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

23872 7590 04/07/2004

MCGLEW & TUTTLE, PC
1 SCARBOROUGH STATION PLAZA
SCARBOROUGH, NY 10510-0827

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Express Mail No.: EV436440067US

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being transmitted to the USPTO, on the date indicated below.

Tommy Ann Forte (Depositor's name)
Tommy Ann Forte (Signature)
July 6, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/070,394	07/02/2002	Gino Daniel De-Gol	70471	2902

TITLE OF INVENTION: RIDE APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, KIEN T	3712	472-059000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

McGlew and Tuttle, P.C.

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ROBOCOASTER LIMITED
KUKA ROBOTER GMBH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SOUTH STAFFORDSHIRE, UNITED KINGDOM
AUGSBURG, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 1

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-0410 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

Reg. # 34,575

(Authorized Signature)

(Date) July 6, 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

07/12/2004 FMETEK12 00000100 130410 10070394

01 FC:1501 1330.00 DA
02 FC:1504 300.00 DA
03 FC:8001 3.00 DA

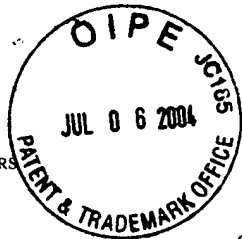
TRANSMIT THIS FORM WITH FEE(S)

REGISTERED PATENT ATTORNEY

JOHN JAMES MCGLEW J.D., NY, NJ, DC BARS

THEOBALD DENGLE, PATENT AGENT

HILDA S. MCGLEW M.D., PATENT AGENT



McGLEW AND TUTTLE, P.C.

Counselors at Law

1 SCARBOROUGH STATION PLAZA
SCARBOROUGH, NEW YORK 10510-0827

TEL: (914) 941-5600

FACSIMILE: (914) 941-5855

PATENT TRADEMARK

COPYRIGHT, AND UNFAIR
COMPETITION CAUSES

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: ATTORNEY DOCKET: 70471RCE

Serial No. : 10/070,394

Confirm. No. : 2902

Art Unit : 3712

Inventor : DE-GOL

Date Filed : March 1, 2002

Dated : July 6, 2004

Sir:

We enclose herewith the official Notice of Issue Fee Transmittal Form in duplicate.

The Patent Office is hereby authorized and requested to charge the required fee of \$1,633.00 to the Deposit Account No. 13-0410 of the undersigned.

Respectfully submitted
For Applicant(s),

By:

Theobald Dengler

Reg. No.: 34,575

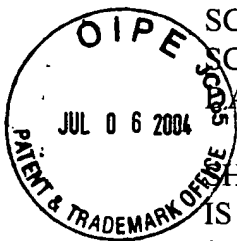
McGLEW AND TUTTLE, P.C.

(914) 941-5600

TD:jms

70471RCE.19

Encl.: Notice of Issue Fee Transmittal Form in duplicate



SCARBOROUGH STATION

SCARBOROUGH, NEW YORK 10510-0827

DATED: July 6, 2004

SHOULD ANY OTHER FEE BE REQUIRED, THE PATENT AND TRADEMARK OFFICE
IS HEREBY REQUESTED TO CHARGE SUCH FEE TO OUR DEPOSIT ACCOUNT 13-
0410.

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH
THE UNITED STATES POSTAL SERVICE AS EXPRESS MAIL IN AN ENVELOPE
ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA
22313-1450, NO. EV436440067US.

McGLEW AND TUTTLE, P.C., SCARBOROUGH STATION,
SCARBOROUGH, NY 10510-0827

BY:

Wichu Forte

DATE: July 6, 2004



436440067 US

Mailing Label
Label 11-F June 2002

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$

DELIVERY (POSTAL USE ONLY)

Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		

CUSTOMER USE ONLY

METHOD OF PAYMENT:
Express Mail Corporate Acct. No.

X090471

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE 914 941 5600

MC GLEW & TUTTLE P.C.
SCARBOROUGH STATION RD
PO BOX 327
SCARBOROUGH NY 10510-0827

TO: (PLEASE PRINT)

PHONE ()

COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA VA 22313-1450

PRESS HARD.
You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com



BEST AVAILABLE COPY

TUESDAY

JULY 6, 2004